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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765648 (1)
1. Corporation Name
WESTLAKE MANOR HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business 2170 S.R. 434 WEST SUITE 384 LONGWOOD FL 32779 US	Mailing Address 2170 S.R. 434 WEST SUITE 384 LONGWOOD FL 32779 US
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3. Date Incorporated or Qualified
11/03/1982

4. FEI Number 59-2267749	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**HERNQUIST, EDITH
2170 S.R. 434 WEST
SUITE 384
LONGWOOD FL 32779**

10. Name and Address of New Registered Agent

81 Name Marilyn C. Campbell
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Marilyn Campbell* **Marilyn Campbell** DATE **4/3/98**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE D	NAME TOWERS, MICHAEL	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1020 WENTWORTH COURT	CITY-ST-ZIP LONGWOOD FL	
TITLE P	NAME MCKENZIE, DONNA	<input type="checkbox"/> DELETE
STREET ADDRESS 1433 CRICKETT COURT	CITY-ST-ZIP LONGWOOD FL	
TITLE D	NAME MELTZER, MARVIN	<input type="checkbox"/> DELETE
STREET ADDRESS 1345 DUNHILL DR	CITY-ST-ZIP LONGWOOD FL	
TITLE VP	NAME LONG, BRAD	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1341 CRICKETT COURT	CITY-ST-ZIP LONGWOOD FL	
TITLE ST-	NAME GROSSMAN, MAUREEN	<input type="checkbox"/> DELETE
STREET ADDRESS 1385 LANDRY CIRCLE	CITY-ST-ZIP LONGWOOD FL	
TITLE D	NAME CASTO, SYZANNE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1076 CRUMPET COURT	CITY-ST-ZIP LONGWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	T/D Hoover, Bruce
4.3 STREET ADDRESS	1442 Cricket Ct
4.4 CITY-ST-ZIP	Longwood FL 32750
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S/D Austin, Brian
6.3 STREET ADDRESS	1076 Crumpet Ct
6.4 CITY-ST-ZIP	Longwood FL 32750

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this Annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Donna McKenzie*

14-14-98 Donna McKenzie

CR2E037 (10/97)